Corrections Demonstration Project

Fosters Collaboration on HIV in the Community

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By the mid-1990s, public health workers who served communities with high rates of HIV and other sexually transmitted diseases (STDs) had begun to notice the strong relationships among disease, drug use, and stints in jails and prisons among those infected with HIV. These relationships were especially pronounced among injecting drug users. From these observations and earlier cooperative work on STD elimination in jails, those in public health developed the idea to create a corrections-based program to provide disease prevention information, early disease detection, appropriate treatment, discharge planning, and community case management.

The Centers for Disease Control and Prevention (CDC) and the Health Resources Services Administration (HRSA) of the U.S. Department of Health and Human Services developed a partnership in 1999 to provide funding for a demonstration project on corrections and community HIV discharge planning and community case management. Competition for program funds available through the "Corrections Demonstration Project" (CDP) was targeted to "high morbidity areas," where rates of HIV were concentrated. Although applications had to come from health departments, they were required to include evidence of a working relationship with a corrections facility. This evidence was often in the form of memoranda of understanding or letters of intent to participate. Seven demonstration sites were funded, all with a jail-based program.

Interrupting the Cycle

The basic premise of the CDP is that correctional facilities offer a prime location for identifying individuals who engage in high-risk health behaviors but who are otherwise difficult to locate in the community. Examples include injecting drug users, prostitutes/sex traders, and young people engaging in high-risk behaviors. Because people in these groups are unlikely to be exposed to prevention

messages or to seek medical care when they become ill in the community, they often become infected with a variety of transmittable diseases.

Those diseases are, in turn, introduced into the jail setting. If offenders are not treated while incarcerated, they will carry those diseases back into the community when they are released. Given that many in these groups are "frequent flyers," their recidivism creates a cycle of community to jail to community, resulting in broad transmission of disease and the deterioration of individuals' health. The CDP seeks to interrupt this cycle by preventing transmission and providing targeted case management of individuals in the jail as well as continued follow-up once they are released back into the community.

Through partnerships among health departments, jails, and community-based organizations, CDP demonstration sites ensure that these high-risk individuals receive:

- Exposure to prevention messages concerning diseases such as HIV/AIDS, STDs, and hepatitis B and C;
- Screening for sexually transmitted diseases;
- HIV counseling and testing; and
- Information on the prevention and treatment of hepatitis B and C as well as, in some locations, hepatitis B vaccinations.

For detainees found to be HIV-infected or who disclose their status, a case-worker conducts a needs assessment and develops a discharge plan prior to the individual's release from the jail. Jail medical staff can stabilize infected detainees as well as develop an individualized treatment regimen that can be carried back into the community.

Reliance on community-based case managers. Knowledge of existing community resources for HIV-infected persons is a key ingredient of a successful program. In most demonstration sites, the jail-based programs work closely with local Ryan White Care Act community-based organizations to allow case managers access within the jail to inmates to do a needs assessment and develop a discharge plan.

Although the degree to which case managers are integrated into the flow of jail routine varies across demonstration sites, their presence has generally been viewed as a positive addition to the resources of the jail. The discharge planners and case managers provide a link back into the community for the inmate. They also act as a community support for individuals to remain on medicines and to access the services they need to reduce the impact of their illness on the community.

The role of the case manager is critical to the success of the program. When inmates are returned to the community, case managers assure that they keep appointments and assist them with emerging needs. In some programs, a single

case manager may coordinate all services for a client within a "one-stop" agency. In other programs, one case manager may make referrals to other agency case managers and oversee these agencies' delivery of services to the client.

Evaluation. The Corrections Demonstration Project also includes an evaluation component. Among the evaluation questions are: What percentage of the HIV-positive inmates know their status upon entry vs. how many detainees learn of their status as a result of CDP counseling and testing efforts? How many HIV-positive individuals require medication upon release from jail, and how many are not at the point to require prescribed medication?

For the purposes of the evaluation component, clients are followed for 6 months after their return to the community. The types of services accessed, the frequency of access, and the impact of these services on the health status of the individual at the 6-month point are assessed. Social readjustment and recidivism rates among the clients are also examined.

Project goals. The project emphasizes the inter-relatedness of public safety and public health in our communities. Particularly in larger urban areas, the effort to reduce the burden of HIV on communities is much more difficult without the involvement of the local jail. In turn, by focusing on the substantial health and social support needs of HIV-infected individuals who cycle through jails, we may begin to address the behaviors that place them at risk of arrest and detention. Keeping former inmates healthier in the community may also reduce the medical costs for the jail if the individual is arrested again at a later date.

Jails are the largest single provider of HIV, substance abuse, and mental health services in the community. Programs such as the CDP make jails a key to the improvement and maintenance of health in the community. The health of the community, in turn, influences the medical costs of the jail.

Expanding the Model: The LINC Program

One of the most active CDP sites is the LINC ("Linking Inmates Needing Care") program operating in the Jacksonville (Florida) Sheriff's Office (JSO) Department of Corrections. JSO's contracted medical care provider, Correctional Medical Services, Inc., is responsible for the medical management of HIV-positive inmates. The LINC program provides all of the essential health screening, health promotion, discharge planning, and case management services that make up the CDP model approach. A JSO correctional officer is assigned full-time to the project to serve as an interface between custody and program operations.

The program represents a partnership among the JSO, CMS, the regional office of the Florida Department of Health, and a range of community-based organizations, community mental health providers, and state universities. A "continuity of care" philosophy is shared across these organizations, with the jail as the cornerstone. This approach is different from other CDP projects, in which there is sometimes a tendency to focus on the HIV status of an individual and to see other services as supportive.

The Jacksonville LINC program views substance abuse and mental health as core issues for most of its HIV-positive inmate clients (as well as HIV negatives), and it orients services around these problems. From the experience of the jail-based staff, the substance use and mental health conditions must be addressed, or it is unlikely that the incarcerated HIV-positive clients will continue treatment when they are released. There is also a greater likelihood that these individuals will cycle back into the jail in worse health than at the previous arrest.

Enlightened self-interest on the part of the JSO Corrections Department has played a role in the development of LINC. The staff reports that the program has improved inmate behavior in the jail. They note fewer incidents of violence among the inmates and toward staff and less need for involuntary chemical restraints and hospitalization. Once the inmate is back in the community, the case management approach has resulted in substantial reductions (up to 55%) in the re-arrest of participating clients. In short, the jail benefits internally because fewer resources are used, stays are reduced, and fewer individuals return to custody.

Case management aspects. In the Jacksonville LINC model, Lutheran Social Services (LSS) provides case management oversight for the other medical, mental health, and substance abuse services to which inmates/clients may be referred. The case management process begins inside the facility, as case managers meet with inmates to develop individualized discharge plans. Case managers also assist inmates in completing paperwork they will need to access programs and entitlements after they are released from jail, thus avoiding disruptions in medication supplies. On being discharged, clients are escorted directly to services.

One client may have case managers from as many as six agencies, but all are supervised by LSS to ensure that clients are following up and receiving needed services. A weekly staffing is held at the jail, in which all in-jail and community clients are discussed. The staff reports that, to date, no clients have been lost to follow-up in the community.

As expected, there is still recidivism among LINC clients, but it has been greatly reduced. A local evaluation component will provide a complete analysis of the program's impact in the near future, but so far the data are quite encouraging. The early experience has also led to the development of LINC programs at other Florida jails, funded with state general revenue dollars.

The Development of Community-Oriented Corrections?

The Jacksonville LINC program is an example of how a basic program that uses Ryan White funds for HIV-positive individuals can expand to address other issues that affect jails and the communities they serve. Although we often tend to equate "co-occurring disorders" only with substance abuse and mental health, we find, in practice, that there are often multiple co-occurring (or co-morbid) conditions that involve substance abuse, mental health, and infectious and/or chronic disease.

Such conditions are often embedded in the economic and social conditions of our communities. The experience of Jacksonville, where "hot spot" mapping of both disease and crime rates showed that both were highest in concentrated zip code areas, is not substantially different from that of other communities where such mapping exercises have been done. (Unfortunately, we have seen these same relationships since the 1920s and the work of the "Chicago School" in criminology.)

We have had the opportunity to visit a number of jails around the nation that are not part of our CDP demonstration project. It is clear that in jurisdictions where community policing forms the core philosophy of a sheriff's law enforcement approach, the development of CDP-style programs is more likely than in places without such a focus. Perhaps we are witnessing the birth of a "community/problem-oriented corrections" philosophy that views jails as components of community problem-solving, rather than simply as places to warehouse offenders.

Some large jail systems have developed a wide range of post-release medical and social welfare case management programs that address issues related to criminal behaviors and recidivism. Examples include:

- Los Angeles County, California;
- Harris County, Texas;
- East Baton Rouge Parish, Louisiana;
- Rikers Island, New York City, New York;
- Cook County, Illlinois; and
- Hampden County, Massachusetts.

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As several of the people whose work and experience we report here have noted, such programs require leadership from sheriffs and chief jail administrators, who can then engage other organizations not generally associated with the work of local corrections agencies. Local corrections and law enforcement leaders are often in a position to see the correlates not only of criminal behavior, but also of substance use (including alcohol), mental illness, and disease. The local jail is sometimes the lowest common denominator around which communities can begin to develop potential solutions to community problems. Such efforts are not easy, and they require new ways of thinking.

Jails Are Key Partners

Large jail management teams can play a key role in the development of continuity of care approaches to medical issues, such as HIV/AIDS, substance abuse and mental health treatment, and, perhaps, economic issues. We at the Centers for Disease Control view jails as key partners in our efforts to reduce health disparities around the country, especially in large urban areas.

This role not only requires jail managers to think of their position differently, it also aims to change a community's view of its jail. Jails are active partners in our communities, not sequestered buildings whose inhabitants are ignored by the community. In effect, we are asking jail management teams to take on one more, perhaps thankless, task.

We believe that jail managers who grasp this problem will make an impact on their communities that cannot be ignored. We look forward to being partners with you in this endeavor. ■

Resources

For more information about the Corrections Demonstration Project, please see the following resources:

Articles:

Laufer, F.N., et al. 2000. “From Jail to Community: Innovative Strategies to Enhance Continuity of HIV/AIDS Care." *The Prison Journal* (82), 1: 84-100.

Rapposelli, K.K., et al. 2002. “HIV/AIDS in Correctional Settings: A Salient Priority for the CDC and HRSA.” *AIDS Education and Prevention* (14), Supplement B: 103-113.

Web site:

The Evaluation and Program Support Center for the Corrections Demonstration Project: *http://www.sph.emory.edu/HIVCDP/index.html*

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